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The Impact of Loneliness and Social Isolation on the Elderly Population of the UK

Introduction

As the years have passed by, the quality of support services dedicated to the older aged communities, has drastically changed in the United Kingdom. The rate of life expectancy has dramatically improved and will continue to do so as 91 years of age should become a reality for the expected age people are to live for, by the year 2050 (Roser, 2013). Many elderly people live on their own or in care facilities throughout the United Kingdom. The elderly may request a variety of health services to determine the structure for their specific care plan. Local councils throughout the UK actively engage in an individual specific health planning strategy to ensure that all people's interests and demands are addressed (Department of Health, 2010).

This study will indeed examine the transition of the living standards on the elderly in the UK, the effect of new virus known as COVID-19, on the solitude, social withdrawal and difficulties inside a care facility. Existing legislations and regulations on the provision of aged social care facilities in the United Kingdom, will also be examined. Initiatives have been taken in order to aid the elderly, in terms of helping to eradicate the sense of them feeling alone, through the use of technology. As well as this, theories have been explored. These theories are aimed at the effects of ageing.

The Changing Population

The residents of the United Kingdom live for much longer than previously and contribute significantly towards our communities and economy. An elderly individual in the UK can be identified as anyone whom exceeds the 65 years of age threshold. In the United Kingdom the society has changed radically and has increased the average age of the population. Improved diet, the availability of health and care services as well as the decreased fertility rate among people (meaning fewer offspring are being born), plays a major factor in shifting the previous age structure (Clegg, and Williams, 2018).

In the United Kingdom it is claimed that there are almost 12 million individuals whom are aged 65 years plus, with statistics provided by the Office of National Statistics (Randall, 2017). The global life expectancy rates have fallen since the year 2011, on the other hand it appears to have stalled in the United Kingdom, showing the progress that the small island has made. They have provided a figure for the rise in people reaching the age of a hundred, by 85 percent, during a period in the last fifteen years. Due to the major increase in mortality, it's expected by the year 2030 that twenty percent of UK citizens will be aged 65 years and over (statista, 2021). This estimated number is set to increase by the year 2040 at almost double the rate.

This transformation would impact the entire country, with retirement increasing and only so many people able to obtain additional job specific growth, to accommodate the evolving economy. This transition will require the government officials to adapt and create a strategic plan, as the business model will need to change drastically as well as the need for more people working in the care field, in order to support the increased amount of elderly people (Ashton, 2001). As a country people need to be inspired to stay fit and healthy, to be capable of remaining independently active later in life, so they can contribute to societal changes. The governments should now challenge themselves, with a comprehensive method that

encompasses the various disabilities, illnesses and rate of those without jobs as well as other neurological problems in the ageing population, to reform policy and plan how services will be provided.

Loneliness and Social Isolation

There is indeed a disparity between the two terms loneliness and isolation. This is because Loneliness represents a concept that a person is not comfortable and not happy, it should be known that this will vary for different individuals. When minimal social interactions are being made and loneliness starts to form, this is known as social isolation. Meaning one might be alone (living alone) and still may not feel lonely, and an individual could be lonely but not isolated (not living alone).

At any given period in their life, many people could experience loneliness, however it is more likely to occur during an older age (Creecy et al, 1985). The majority of the population will experience the effects of being lonely, at some point in their lives, but the period of time it last for will vary (from person to person). Some individuals can be in this state for a worrying amount of time, affecting their health and adversely affecting their quality of life (Musich et al, 2015). On the other hand, one may experience short-term loneliness which will pass after a short period of time, therefore not impacting their life as harshly. Amongst those aged 50 or older, it has been observed that two million individuals in this age range, will also experience the negative effects of loneliness in England by the year 2026 (Age UK, 2018). Their health and the quality of their lives will be dramatically impacted as well, if no action is taken in order to tackle this major issue amongst our elderly people.

The physical detachment from others is known as social isolation, which can also be referred to as objective isolation. Socially isolated people usually have little to no social interaction as well as lacking a sense of belonging (Tomaka et al, 2006). The fact that it focuses on social interactions, rather than on the emotional subjective idea of being lonely, makes it different from loneliness. Loneliness indicates that individual experiences of being lonely, which can be referred to as subjective isolation, is in fact what being isolated is. The only distinction between being lonely and isolated is that being lonely depends on the individual person's perceived emotions and falling into the isolated category depends on your surroundings and environment (Dury, 2014). These problems are more common amongst the older generation in the United Kingdom, who are 50 plus years old, and can lead to many different problems both mentally and physically.

1.4 million elderly people in the United Kingdom have struggled with depression, according to the information provided by Age UK. This could be due to the elderly people being already vulnerable as they would've (most likely) experienced the loss of loved ones like their husband/wife, relatives, dignity and financial support (Age UK, 2018). The ageing population has increasingly shown concern with their lack of social interactions and solitude, since the beginning of the pandemic. Social isolation and solitude can influence blood pressure levels, according to medical advice, and is closely connected with cognitive disability contributing to depression.

COVID-19's Impact on The Elderly

The effect, on the various age ranges, of the COVID-19 pandemic was different. This can be seen by evidence that elderly residents in the UK haven't suffered from the pandemic. The magnitude and severity of damage that the new virus has caused, is significantly worse for

the elderly, since the adverse effects of the pandemic entails extreme health risks, increased mortality, social exclusion, solitude, difficulties adjusting to technologies, cognitive dysfunction and reduced access to treatment (Girdhar et al, 2020). The rigorous pandemic and government policies do not allow for the elder members of society to accomplish their daily tasks. The gap widens, in terms of the digital divide, because the majority of elderly people will almost be forced into 'suffering in silence' with only little assistance being given to them. From the effects of a pandemic. The death rate of the seniors decreased in the United Kingdom, while other physical and mental health concerns escalated during the pandemic period (Radwan et al, 2020). Studies at the University College London, United Kingdom, suggested that the senior members of society are worried about their welfare, livelihood, disruption of their regular activities and social exclusion. This outcome is directly linked to the COVID-19 pandemic. In order to return to their normal lifestyle that had been adopted before COVID-19, the report resulted in giving advice that the elderly must be able to access social resources in order to mitigate mental health concerns. Because of the United Kingdom entering into lockdown, due to the seriousness of the virus, it was reported that the older people in the United Kingdom had faced many problems. It was specified that over 50% of elderly people were forced to postpone appointments and medical procedures (Heid et al, 2021). This evidence is accompanied by the facts that very few older people had attended hospitals during the pandemic then before it.

Loneliness and Social Isolation Within A Care Setting

60 percent of the elderly in nursing homes received no visitors, per the figures given by Age United Kingdom. Many observations of elderly people in the home care environment reveal an association between loneliness and declining health (Luanaigh and Lawlor, 2008). A crucial step had been taken in minimising the transmission of coronavirus in the time of the pandemic but at the same time exacerbated the impact of isolation and exclusion among the more helpless of the elderly. The risk of having Alzheimer's disease is double that of elderly people due to loneliness (Beeson et al, 2000). Due to COVID-19, the elderly have acquired health disorders, such as weakened immune systems, dementia, higher chances of coronary disease and a shorter life expectancy, due to few meeting times and visitation limits. Depression is another significant health concern caused by solitude in nursing homes among the older generation.

70% of the elderly staying at nursing homes were forbidden from visit after the outbreak of the pandemic, according to the study undertaken by Age UK. In total 2700 plus people had confirmed, that at least one of their family members or relatives were living in these nursing homes, through taking part in a study which was completed online by mail. Although the elderly are not able to navigate themselves through technological advanced devices, it was stated that 34 percent had been given no options, such as being assisted with setting up a video call, were proposed. Although the rest were given alternate routes to engage with their loved ones, they were not near as useful as meeting them in person. In elderly people, social isolation and deprivation can directly contribute to emotional pain, physical pain, high/low blood pressure, heart diseases, obesity, depression, Alzheimer's and even in the worst-case scenario death.

The Related Legislations and Policies in The UK

Throughout the whole of the United Kingdom, senior citizens account for a significant proportion of the population. During this devastating COVID-19 pandemic, politicians in the UK are now being called upon to provide health and welfare services for the population. Seniors' welfare and social programmes in the United Kingdom include many different health

benefits, financial aid in various ways, help with their housing and having involved communities to further support them. Through private and national pensions, the government ensures that the elderly people, have enough financial stability in order for them to live their life conveniently (Blake, 2003).

To ensure the security and wellbeing of any one person and for inclusion of services provided by the community, resources are available to avoid the care and emergency needs of residents to be hindered, the care act (passed in 2014) had been reassessed. This act guides the specific authorities to evaluate the individual who's in need of treatment and to reflect on how it will influence their well-being. COVID-19 occurred, as only some reforms were passed through this act about the linkage of knowledgeable information on the individuals who required treatment.

The government had declared, in mid-March in the year 2020 that the Coronavirus Act had been reformed, which saw substantial changes in local authorities' positions and responsibilities. Significant proportions of the duties, under the Care Act (2014), have in the meantime been suspended. In order to support care workers and protect their rights and health, the act includes the obligation to evaluate the individual, to establish a personalised care plan as well as the provision to prevent human rights infringements.

As the nation tries to adapt to life with the pandemic existing, the workload for health workers, local governments, courts and other specialist bodies has significantly increased, as they have been impacted by the Coronavirus Act of 2020 (Gov UK, 2020). Legal and ethical grounds must be taken into consideration, by the NHS and care workers, before any decision is made about priority treatment of individuals.

Provisions of The Services for The Elderly

The two aspects, of humans as they age, that can't be overlooked is social isolation and loneliness. The provision of elderly services to avoid loneliness is an important component of the United Kingdom policies and procedures. In order to counter this increasing problem among the ageing population, the has developed a formal policy for the health and social care systems, with elderly people taken into consideration. It was reported that upwards of 50% of people aged 60 years or older are more likely to reside alone, while a third will encounter solitude later on in their life (Delisle, 1998). Elderly alienation from society and loneliness that they feel has also had other resulting consequences then just health care and social impacts. Specific programmes have been created by the government in order to boost the welfare of seniors living in their own households or nursing homes. There has been a greater risk of isolated people visiting their GP, according to statistics, as well as more of them using medications and seeing a higher risk of requiring and entering into long-term care.

Loneliness and isolation, research has found that there are multiple factors accommodating to these feelings that are separate from the age issue in several respects. The legislation of the Government's Care Act has promoted loneliness as a reason as to why older people require more social care needs. The purpose and effect of the legislation's reasoning on the welfare of the citizen is acknowledged. The development of loneliness and isolation care has let to customised assistance being provided to the aged, like giving them access to activities, sufficient transport being provided and allowing for them to gain access to support services for gaining knowledge and advice. In addition, the government has sought to enhance awareness in the use of the latest advanced technological devices amongst seniors, as a means to mitigating social alienation and loneliness.

Measures in Place to Combat Social Isolation and Loneliness

The Association for Local Authorities and the Organisation of Health Directors have collectively requested a local response to resolve the effect of alienation (socially) and exclusion during the coronavirus pandemic. The experiments carried out at the time the pandemic was at its optimum, indicated that elderly who predominantly felt lonely pre-pandemic now suffer from elevated levels of emotional instability and gained further health problems, such as mental health issues (Fees et al, 1999). Among the most important precautions to avoid solitude and social alienation are the local authorities striving tirelessly to ensure that elderly people are connected to their loved ones, service organisations of the same age group and people that have similarities to them. People throughout the United Kingdom should therefore volunteer for community assistance and partake in connected programmes, in order to support the more vulnerable. Responses should be made publicly about health to keep the volunteers up-to-date on activities and voluntary work. One of the main factors of helping to reduce the effect of solitude and alienation can be digital involvement. Since most elderly people know about the Internet and smartphones, but may not necessarily know how to navigate their way around them, can stay connected to the modern world and receive online support for almost every problem that they face through either reading texts or even watching online videos by qualified doctors. These videos and texts can also be accessed in almost every language in the world.

The Use of Technology to Help Support the Elderlies' Problems

For the provision of health care, communication of vital information and technological devices are crucial to the development of effective ways to access, communicate and preserve knowledge that is deemed as useful. The ICT has facilitated specific services and enhanced the services in order for more efficiency being achieved. The modern world has allowed for the availability of many things to be accessed easily and quickly. The fact that technological advancements have started to be embedded more in the provision of health and social services, will not only improve existing procedures but also introduce innovative ways of thinking for a couple decades to come (Choi, 2011). As a platform for improving health care, the online service improvement has meant that data sharing on patients is now possible quicker than ever before, with the consent of the patient. More than 47% of the elderly people did not use the internet thus according to ONS statistics. That being said, there is a steadily growing rise in individuals after the COVID-19 pandemic, with more seniors residing either alone or in a care home, helping them to deal with their solitude.

Artificial intelligence is generally characterised as a problem resolution machine that can be extremely useful to the elderly, as AI systems learn from human performances and adapt their interactions to suit their needs. Incorporated AI in elderly care centres can be a significant health and social care revolutionary change. This is due to the AI system having the ability to remove the need for in person checks, by the workers at night, by installing surveillance systems that can report suspicious behaviour patterns automatically whilst avoiding disruption after dark. The AI's ability of facial recognition, is another instance of how it will be effective throughout the healthcare industry. Facial recognition means that the AI will be able to understand the pain level, through the use of facial expressions, of the patients that use the technological advanced device.

Ageing Theories

Aging is a phase whereby one's physical output will start to decline as the human starts to become older. The ageing process of various individuals has been regarded differently, as

some believe that they have earned their retirement and respect, through the various experiences and wisdoms that they have gained. After many trials and experiments, the care worker has been able to study and validate historical tendencies, into some of the most traditional hypotheses of ageing. Over the years, hypotheses about ageing have been proposed among qualified biologists, psychologists, sociologists, and physiologists. Activity theories, age stratification theories and disengagement theories have formed some of the most common ageing theories over the past few years.

Ageing activity theories defines that a satisfactory retirement life requires social activity and interactions. It says that after retirement the individual must engage in some form of activities. The principle of disengagement applies to the period of retirement from communities, in order to maintain a balanced lifestyle, which will be an acceptable retirement. On the other hand, the principle of age stratification indicates that the elderly person maintains the same psychologically and socially based behaviours. These particular ageing theories are reasons as to why the demand for carers is increasing and is at an all-time high.

Conclusion

In summary, the integration of AI related systems enables the elderly to overcome their solitude and social alienation. The COVID-19 pandemic has enabled the government to reflect on the consequences for the provision of elderly care, and to resolve the growing problems of solitude and isolation. All responses to these various problems are not suitable for all elderly people as they will have specific needs, therefore professionals in social services have to customise strategies to help aid the vulnerable and assist them with their needs.

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